U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 01961	2. Fiscal Year Covered From:
	1 / 1 /2003 Through: 12 / 31 / 2003
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Ronald Alman	Name UNITE
	Labor Organization File Number 000-381
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 10th Floor
Street 33 Harrison Avenue	Street 275 Seventh Avenue
Cay Boston	city New York
State Massachusetts ZIP Code + 4 02111	State New York ZIP Code + 4 10001
Position in labor organization. Vice President	
nonetary value from an employer whose employees your organiz Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.b. Allouit.
City	
State ZIP Code + 4	
	ignature
	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
200 m 00	. 11,000
Signed SULLIVI VIUMIN	On The Telephone Number
orm LM-30 (2003)	P1-

B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or ir dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Cost # of Shares Price Per Share \$9,950 50 \$199
Street 15 Union Square City New York State New York ZIP Code + 4 10003	11.b. Approximate dollar value of such dealing. \$14,950 12.a. Nature of interest held or income received. \$1,120.00 in Dividends \$6,050.00 in Fees
	12.b. Amount. \$7,170
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone of the second sec	14.a. Nature of payment.
State ZIP Code + 4	14.b. Amount of payment.